

MONTHLY SCHEDULE OF PURCHASES AND ENDING INVENTORY OF UNAFFIXED WISCONSIN CIGARETTE STAMPS

(attach to your Wisconsin CT-100 or CT-105)

Please read the instructions on the reverse side before completing this form.

CT-104: Page _____ of _____

Name			Federal Employer ID No.	Wis. Permit Number		Month/Year (mm yyyy)	
			STAMP DENOMINATIONS (number of stamps)				<i>Column H</i> GROSS VALUE OF STAMPS <i>(columns D-G)</i>
			REGULAR		TRIBAL		
			<i>Column D</i> 25's	<i>Column E</i> 20's	<i>Column F</i> 25's	<i>Column G</i> 20's	
1	PHYSICAL INVENTORY FIRST OF THE MONTH						\$
	Stamp Purchases						
	<i>Column A</i> Date Received	<i>Column B</i> Issue Date					
2			\$				\$
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19	Total (add lines 2 through 18)		\$				\$
20	Total Available (add lines 1 and 19)						\$
21	Less: returned, lost or destroyed stamps (please explain)						\$
22	Net Available (line 20 less line 21; complete line 24 next)						\$
23	Stamps Used (line 22 less line 24)						\$
24	PHYSICAL INVENTORY END OF THE MONTH						\$

INSTRUCTIONS

WHO MUST COMPLETE THIS SCHEDULE

All Wisconsin cigarette permittees who are authorized to purchase and affix Wisconsin cigarette tax stamps must complete this schedule and attach it to their monthly Wisconsin cigarette tax return (Form CT-100 if an in-state permittee, or Form CT-105 if an out-of-state permittee).

TAKING INVENTORY

For purposes of completing this schedule and your monthly tax return, you should simultaneously inventory your unaffixed stamps, unstamped cigarettes (including cigarettes with another state's stamps affixed), and those stamped for your state. You should take this inventory at the close of business on the last day of the month.

RECORD KEEPING

You must keep a complete copy of your return, including this schedule, and all records pertaining to your business for at least four years. The records must be kept at the permit location and in a place and manner easily accessible for review by department representatives.

ASSISTANCE AND FORMS

Information, forms, and assistance are available at our following office:

2135 Rimrock Road Madison, WI 53713 (608) 266-8970	or write to: Mail Stop 5-107 PO Box 8900, Madison WI 53708-8900 FAX (608) 261-7049 E-mail: excise@revenue.wi.gov website: www.revenue.wi.gov
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When ordering forms, include your Wisconsin permit number and the department's form number that appears in the lower left corner on each form (e.g., CT-104).

HOW TO COMPLETE THIS SCHEDULE

Separate columns have been provided for you to enter **tribal stamps** that must be affixed to all packs of cigarettes you sell to retail stores authorized by Native American Indian Tribes occupying reservation/trust lands in Wisconsin.

Line 1 In columns D through G; enter the number of unaffixed stamps on hand at the beginning of business on the first day of the month. These amounts should agree with line 24 of last month's schedule. Enter the gross value of these stamps in column H.

Lines 2–18 Enter the individual purchases of cigarette stamps that you RECEIVED DURING THE MONTH. For each purchase, enter the date received (column A), the corresponding department issue date (column B), the printing costs (column C), and the number of stamps received for each type of stamp denomination (columns D through G). Refer to your copy of stamp purchase orders (Form CT-108) when preparing this schedule. Enter the value of the stamps received in column H (total gross value before any discounts).

Line 19 Add lines 2 through 18 in columns C through H, and enter the totals on line 19. Then transfer the information from this schedule to your monthly return as indicated below:

	In-state Permittees	Out-of-state Permittees
	(Form CT-100)	(Form CT-105)
<u>From</u>		
Form CT-104, col. C, line 19	line 21	line 22
Form CT-104, col. H, line 19	line 15	line 2

Line 20 Add lines 1 and 19 in columns D through H, and enter the totals on line 20.

Line 21 Enter the number of unaffixed stamps that were returned, lost or destroyed during the month in columns D through G, along with a brief explanation in the space provided. NOTE: When claiming a deduction for defective stamps returned to the department for replacement, you must report the replacement stamps as purchases on lines 2 through 18 when received. Enter the **total gross value** of returned, lost, or destroyed stamps in column H. Transfer the information from this schedule to your monthly return as indicated below:

	In-state Permittees	Out-of-state Permittees
	(Form CT-100)	(Form CT-105)
<u>From</u>		
Form CT-104, col. H, line 21	not used	line 6

Line 22 Subtract line 21 from line 20 in columns D through H, and enter the differences on line 22. Then complete line 24.

Line 24 Enter the number of unaffixed stamps on hand at the close of business on the last day of the month in columns D through G. Enter the gross value of these stamps in column H. Transfer the information from this schedule to your monthly return as indicated below:

	In-state Permittees	Out-of-state Permittees
	(Form CT-100)	(Form CT-105)
<u>From</u>		
Form CT-104, col. H, line 24	not used	line 9

Line 23 Enter the number and gross value of stamps used during the month by subtracting line 24 from line 22 in columns D through H. Transfer the information from this schedule to your monthly return as indicated below:

	In-state Permittees	Out-of-state Permittees
	(Form CT-100)	(Form CT-105)
<u>From</u>		
Form CT-104, col. H, line 23	line 12	not used